

Application Data Sheet

**Application Information**

|                                     |   |
|-------------------------------------|---|
| Application Type::                  | National Stage  |
| Subject Matter::                    | Utility   |
| Suggested Classification::          |   |
| Suggested Group Art Unit::          |   |
| CD-ROM or CD-R?::                   | None  |
| Number of CD disks::                |   |
| Number of Copies of CDs::           |   |
| Sequence Submission?::              | Paper   |
| Computer Readable Form (CRF)::      | No  |
| Number of copies of CRF::           | 0   |
| Title::                             | NOVEL PHOSPHATE-BINDING<br>PROTEIN, PHARMACEUTICAL<br>COMPOSITIONS CONTAINING SAME<br>AND USE THEREOF |
| Attorney Docket Number::            | 0508-1160   |
| Request for Early<br>Publication?:: | No  |
| Request for Non-Publication?::      | No  |
| Suggested Drawing Figure::          |   |
| Total Drawing Sheets::              | 46  |
| Small Entity?::                     | No  |
| Latin Name::                        |   |
| Variety Denomination Name::         |   |
| Petition Included?::                | No  |
| Petition Type::                     |   |
| Licensed US Gov't Agency::          |   |
| Contract or Grant Numbers::         |   |
| Secrecy Order in Parent             | No  |
| Appl.?::                            |   |

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: ERIC  
Middle Name::  
Family Name:: CHABRIERE  
Name Suffix::  
City of Residence:: NANCY  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 7, RUE DE L'OCTROI  
Address::  
City of Mailing Address:: NANCY  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-54000

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: CHILE  
Status:: Full Capacity  
Given Name:: CARLOS  
Middle Name::  
Family Name:: CONTRERAS-MARTEL  
Name Suffix::  
City of Residence:: SAINT EGREVE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing C/O I. LAMADIEU 1,  
Address:: RUE DES ECHELLES  
City of Mailing Address:: SAINT EGREVE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-38120

Applicant Authority Type:: Inventor

Primary Citizenship Country:: CHILE

Status:: Full Capacity

Given Name:: JUAN

Middle Name::

Family Name:: FONTECILLA-CAMPS

Name Suffix::

City of Residence:: CROLLES

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 77, RUE DES ERABLES,

Address::

City of Mailing Address:: CROLLES

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: FRANCE

#### **Correspondence Information**

Correspondence Customer 00466

Number::

#### **Representative Information**

|                         |       |
|-------------------------|-------|
| Representative Customer | 00466 |
| Number::                |       |

**Domestic Priority Information**

| Application::    | Continuity<br>Type:: | Parent<br>Application:: | Parent Filing<br>Date:: |
|------------------|----------------------|-------------------------|-------------------------|
| This application | National Stage of    | PCT/FR2004/002797       | 10/29/04                |
|                  |                      |                         |                         |

**Foreign Priority Information**

| Country:: | Application<br>Number:: | Filing Date:: | Priority Claimed:: |
|-----------|-------------------------|---------------|--------------------|
| FRANCE    | 03 12729                | 10/30/03      | Yes                |
|           |                         |               |                    |

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::